



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application:

Appl. No.	:	10/668,802	Confirmation No.:	Not Yet Assigned
Applicant	:	David W. Beckstrom et al.		
Filed	:	Sept. 23, 2003		
Art Unit	:	Not Yet Assigned		
Examiner	:	Not Yet Assigned		
Attorney Docket No.	:	F-679		
Customer No.	:	00919	Date: November 12, 2003	

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination on the merits, please amend the above-identified patent application as specified below. Attached please find the following:

1. Amendments to the Claims (pages 2-9); and
3. Remarks (page 10).

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

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on November 12, 2003
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Brian A. Lemm
Name of Registered Rep.


Signature

November 12, 2003
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

) Date: November 12, 2003

DAVID W. BECKSTROM et al.

) Attorney Docket No.: F-679

Serial No.: 10/668,802

) Customer No.: 00919

Filed: September 23, 2003

) Group Art Unit: Not Yet Assigned

Confirmation No.: Not Yet Assigned

) Examiner: Not Yet Assigned

Title: **FOLDING PLATTER FOR POSTAL WEIGHING SCALE**

AMENDMENT TRANSMITTAL LETTER

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	Claims Remaining After Amendment	-	Highest Number Previously Paid For	=	Number of Extra Claims Present	X	Rate	=	Additional Fee
Total Claims	16	-	20	=	0	X	\$18.00	=	0.00
Independent Claims	6	-	4	=	2	X	\$86.00	=	172.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									172.00

Please charge our Deposit Account Number **16-1885** in the amount of \$ 172.00 for the additional claim fee. A duplicate copy of this sheet is enclosed for use in charging the Deposit Account.

Please charge any additional fees or credit overpayment to Deposit Account Number **16-1885**.



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